

Temporary Total Disability (TTD) to Maximum Medical Improvement (MMI)

Scott Mann, JD, Mann Law Office, LLC – Hutchinson

*Allen Parmet, MD, MPH, Occupational and
Aerospace Medicine– Kansas City, MO*

*Dallas Rakestraw, JD, McDonald, Tinker, Skaer,
Quinn & Herrington, PA – Wichita*

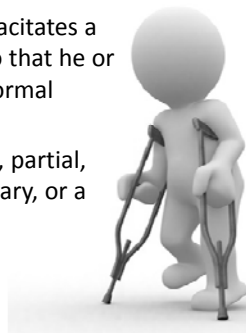
Process

- Injury-initial Temporary Partial or Total Disability
- Treatment
- Recovery
- Maximum Medical Improvement



Disability

- A condition that incapacitates a person in some way so that he or she cannot carry on normal pursuits.
- Disability may be total, partial, permanent, or temporary, or a combination of these.



Temporary Total Disability (TTD)

- One of the four divisions of disability compensable under workers compensation. This level of disability reflects an injury that has rendered the employee completely unable to perform any job functions on a temporary basis. The employee is expected to make a full recovery and return to work. In the interim, compensation paid is usually a percentage of weekly wages until the worker returns to the job.

Maximum Medical Improvement (MMI)



- Maximum medical improvement (MMI) is the point at which the condition of an injured person is stabilized. No further recovery or improvement is expected even with additional medical intervention. Basically, a condition is at maximum medical improvement if it is not believed that the condition will change or progress. This term is most often used in the context of a worker's compensation claim. An injured employee usually receives temporary benefits until reaching maximum medical improvement

Changes in the Workers' Compensation law affecting TTD and Temporary Partial Disability benefits.



Return to work impacts an employee's right to TTD benefits and Temporary Partial Disability benefits.



Sample Case 1

51 year old male is struck by a forklift while walking around a corner in the pedestrian lane in a warehouse. He suffers a fractured acetabulum of the left hip and undergoes internal fixation surgery the next day.

He is hospitalized 3 days and then sent home on narcotics (oxycodone), able to move only with a walker and placed on a no-weight bearing/off duty status for 7 weeks. Daily physical therapy at home.

After 2 weeks, HR calls and says they have "light duty" available.



Case 1-Part 2

He is kept off duty until 7 weeks after surgery.

At this time he is placed on partial weight-bearing using crutches. He continues with home exercises and using a lesser narcotic (hydrocodone) for pain control.

He is released to sedentary duty with no lifting or carrying, seated all day and no operating heavy equipment.

He is assigned to operate a forklift in the warehouse.



Case 1-Part 3

At 15 weeks after surgery, he is released at Maximum Medical Improvement. He continues to require non-narcotic analgesics (ibuprofen and naproxen) on an occasional basis.

He can no longer stand for prolonged periods of time and is given permanent lifting restriction of 50 pounds.

Due to loss of motion, he has a Permanent Partial Impairment of 10% of the lower extremity or 4% of the Body as a Whole (AMA 4th, Ch. 3.2e)

His surgeon estimates he will need a total hip replacement in 10 years.



Sample Case 2

42 year old male is working at a landscaping site. After lifting a large stone, he feels a pop in his back and immediately develops severe back pain which radiates down his right leg to his big toe. He is sent to a clinic and is diagnosed with sciatica. An MRI demonstrates a herniated nucleus pulposus which compresses the exiting L5 nerve root. He is taken to surgery two weeks later.



He has relief of his leg pain and decreased back pain for 10 days. On the 2nd day of physical therapy, he feels a pop, and all his pain comes back.

His surgeon continues him in physical therapy but the man reports no change in symptoms. He continued in physical therapy and after 6 weeks is discharged at MMI to work with no restrictions.

The worker continues to have the same symptoms and pain as before surgery but reluctantly returns to his job.

Sample Case 2-Part 2

Employer asserts he is at MMI.

Claimant asserts he is still injured.

He is sent to an agreed IME. Another MRI is performed which demonstrates a recurrent HNP at the same site.

He undergoes a second surgery with decrease in all symptoms. After physical therapy and work hardening, he is determined to be stable and at MMI.

He has some residual complaints of pain in his back and leg, but is able to return to duty within prescribed permanent limits.

Who pays for his future pain medications?



Sample Case 3

A 50 year old male painter is assigned to a job removing lead paint from several bridges. The new paint contains epoxy and isocyanates. The protective respirator is only for particulates (sand and lead oxides). Approximately one month after starting work, he presents to the emergency room with status asthmaticus.

He is subsequently diagnosed with isocyanate reactive airways disease/occupational asthma.

He is treated with high dose steroids. As a result, he develops diabetes mellitus, type 2; glaucoma, gastrointestinal bleeding, depression and osteoporosis.

He is at MMI as totally disabled, but who covers the complications?



Sample Case 4

A 31 year old male maintenance worker reports that he fell 18 feet from a ladder at work, landing on his head on a concrete floor. Although witnessed by coworkers, he reports that he simply lay there unconscious for an hour until awakening. He then left work and went home.

He sought care from his personal physician two days later, who recorded the man had a knot on the back of his head. The man did not return to work, moved out of state and did not file a workers compensation claim for 18 months.

He now claims that he has pain all over his body and requires lifelong treatment with high levels of narcotics. He is supported by a Pain Management physician where he works.